

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

Application or Docket Number

09/777 010

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

<b>TOTAL CLAIMS</b>	<b>8</b>	
FOR	NUMBER FILED	NUMBER EXTRA
<b>TOTAL CHARGEABLE CLAIMS</b>	<b>8 minus 20 =</b>	<b>8</b>
<b>INDEPENDENT CLAIMS</b>	<b>1 minus 3 =</b>	<b>0</b>
<b>MULTIPLE DEPENDENT CLAIM PRESENT</b>		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	MINUS	...	=	=
Independent	•	Minus	...	=
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b>		<input type="checkbox"/>		

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

<b>RATE</b>	<b>FEES</b>	<b>RATE</b>	<b>FEES</b>
<b>BASIC FEE</b>	<b>355.00</b>	<b>OR BASIC FEE</b>	<b>710.00</b>
<b>X\$ 9=</b>		<b>OR X\$18=</b>	
<b>X40=</b>		<b>OR X80=</b>	
<b>+135=</b>		<b>OR +270=</b>	
<b>TOTAL</b>		<b>OR TOTAL</b>	<b>710</b>

SMALL ENTITY  
OTHER THAN  
OR SMALL ENTITY

<b>RATE</b>	<b>ADDI- TIONAL FEE</b>	<b>RATE</b>	<b>ADDI- TIONAL FEE</b>
<b>X\$ 9=</b>		<b>OR X\$18=</b>	
<b>X40=</b>		<b>OR X80=</b>	
<b>+135=</b>		<b>OR +270=</b>	
<b>TOTAL ADDT. FEE</b>		<b>OR TOTAL ADDT. FEE</b>	

8-18-05

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	MINUS	...	=	=
Total	• 8	Minus	• 20	= —
Independent	• 1	Minus	• 3	= —
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b>		<input type="checkbox"/>		

<b>RATE</b>	<b>ADDI- TIONAL FEE</b>	<b>RATE</b>	<b>ADDI- TIONAL FEE</b>
<b>X\$ 9=</b>		<b>OR X\$18=</b>	
<b>X40=</b>		<b>OR X80=</b>	
<b>+135=</b>		<b>OR +270=</b>	
<b>TOTAL ADDT. FEE</b>		<b>OR TOTAL ADDT. FEE</b>	

AMENDMENT C

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	MINUS	...	=	=
Total	•	Minus	•	=
Independent	•	Minus	•	=
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b>		<input type="checkbox"/>		

<b>RATE</b>	<b>ADDI- TIONAL FEE</b>	<b>RATE</b>	<b>ADDI- TIONAL FEE</b>
<b>X\$ 9=</b>		<b>OR X\$18=</b>	
<b>X40=</b>		<b>OR X80=</b>	
<b>+135=</b>		<b>OR +270=</b>	
<b>TOTAL ADDT. FEE</b>		<b>OR TOTAL ADDT. FEE</b>	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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